

EFFECTIVE

Immediately upon release

Subject

1. Long term incapacity.
2. Visual impairment.
3. MRT decision.
4. Noncompliance.

Due to change in Michigan law for long term disability, BEM 230A requirements are as follows:

**LONG TERM
INCAPACITY**

At intake, redetermination or anytime during an ongoing benefit period, when an individual claims to be disabled or indicates an inability to participate in work or JET for more than 90 days because of a mental or physical condition, the client should be deferred in Bridges. Conditions include medical problems such as mental or physical injury, illness, impairment or learning disabilities. This may include those who have applied for RSDI/SSI.

Require the person to provide a DHS-49, Medical Examination Report from their doctor.

MRT determines whether long term disability exists, which may be shown by:

- Cognitive disabilities (such as low intellectual capacity) or learning disabilities that impede comprehension and prevent success in acquiring basic reading, writing, and math skills, including, but not limited to, an individual with an IQ less than 80.
- Documented chronic mental health problems that cannot be controlled through treatment or medication.
- Physical limitations on ability to perform routine manual labor tasks, including, but not limited to, bending or lifting, combined with intellectual capacity or learning disabilities.

Note: Deferral/participation reason in Bridges is *Incapacitated more than 90 days* while awaiting verification. Potentially disabled individuals are not sent to JET while waiting for the verification of disability.

A person with a condition or impairment that is pregnancy-related must be deferred for a problem pregnancy. These individuals should not be referred to the Medical Review Team (MRT) or to an SSI Advocate if the **only** conditions or impairments are due to pregnancy.

When a person claims they are visually impaired, require the person to provide verification from an ophthalmologist or optometrist; a DHS-49-I, Eye Examination Report may be used; see Visual Impairment in this item.

Individuals with visual impairments should be referred to the Michigan Commission for the Blind (MCB) which offers vocational rehabilitation services, see Visual Impairment in this item.

Verification Returned

When the medical documents indicates a disability will last 90 days or less; see Short Term Incapacity in this item.

When the medical documents indicates the disability will last longer than 90 days:

- Deferral/participation reason in Bridges remains *Incapacitated more than 90 days*.
- Request a utilization report (UT) from the program office; see Requesting a Utilization Report in this item
- Have the person sign a DHS-1555-E, Release of Information.
- On the DHS-49-A, Medical-Social Eligibility Certification, under program, check JET.
- Complete the DHS-49-A-E, Medical Assessment For JET Participation Project and attach to the top of the medical packet.
- Obtain a medical determination from the MRT; see BAM 815, Medical Determination and Obtaining Medical Evidence.
 - Some conditions may be verified by other test results or evaluations, such as school, therapist, or other professional records.
- Manually set a reminder in Bridges for a three-month follow up.

Visual impairment

Request a consultation from the MCB. The FIS will:

- Complete Section I on the DHS-517, Consultation Request form.
- Attach all medical and vocational documentation available in the case record.
- Check SOLQ and complete the information on status of RSDI/SSI claim (if any).
- Attach a copy of the DHS-1555-E.

Note: Use locally established procedures for the referral to the MCB that serves your local office.

The MCB consultation must be requested before FIP can be certified at application or redetermination. Once the consultation is requested FIP can be certified. The FIS must follow up on the consultation request and take appropriate action when the response is received.

Individuals with a visual impairment will receive an appointment to talk to a counselor from the MCB, which they will be required to attend instead of going to JET.

Consultation Response

Within 45 days of the request the MCB will:

- Schedule an appointment with the client.
- Complete a consultation.
- Complete Section II of the DHS-517 and send back to the FIS with its recommendation.

**DHS Action on
Returned DHS-517**

When the DHS-517 is returned, take action depending on the response as indicated below:

1. Individual did not appear for appointment.

- Follow Noncompliance with Employment and/or Self-Sufficiency-Related Activities in BEM 233A.

2. Individual was provided information on employment services.

- The *yes* box is checked when the MCB has had the opportunity to talk with the client regarding employment opportunities, accommodations, etc. which would facilitate the client obtaining and maintaining employment and the client agrees they are work ready, **refer to JET**.

3. The individual states they are employable.

- The *yes* box is checked, **refer to JET**.
- The *no* box is checked when the client is not responsive to employment information and gave no indication that employment was an option for them. If this box is checked follow step 5 below.

4. Individual wants to apply for rehabilitation services.

- Deferral/participation reason remains *incapacitated more than 90 days*.
- The MCB will keep the client as a referral.
- Continued participation is verified at each redetermination.

Note: If an individual does not participate as required, the MCB will contact DHS to schedule a triage meeting for noncompliance; see Noncompliance with Employment and/or Self-Sufficiency Related Activities in BEM 233A.

5. The Individual does not feel they are capable of employment at this time. Do all the following:

- Deferral/participation reason in Bridges remains *Incapacitated more than 90 days*.
- Request a utilization report (UT) from the program office; see Requesting a Utilization Report in this item.
- Manually set a reminder in Bridges for a three-month follow up.
- On the DHS-49-A, Medical-Social Eligibility Certification, under program, check JET.

- Complete the DHS-49-A-E, Medical Assessment For JET Participation Project and attach to the top of the medical packet.
- Obtain a medical determination from MRT; see BAM 815, Medical Determination and Obtaining Medical Evidence.

MRT DECISION

Take action below that pertains to the decision rendered by the MRT.

All decisions:

Review the decision and information provided by MRT to determine what accommodations the client needs to participate in the JET program. The person must pursue employment and/or self sufficiency-related activities. Follow the procedure for accommodating disabilities in **Reasonable Accommodation** section in this item.

Note: Add case notes in Bridges including the participation reason code.

Disabled- Potentially eligible for RSD/SSI

Verify the client's status with Legal Services Association of Michigan (LSAM) and the Social Security Administration (SSA); see LSAM later in this item.

- Deferral/participation reason remains *Incapacitated more than 90 days*.
- The individual **must** apply for RSDI/SSI if they have not already. Make a referral to the SSA using the DHS-1552, Verification of Application or Appeal For SSI/RSDI form.

Note: When there is an application pending with the SSA and the client is not active with LSAM, the FIS must monitor the RSDI/SSI claim by entering a *Disability Review Date* in three month intervals on the *Disability Determination-MRT* screen in Bridges.

Work Ready

- Set deferral/participation reason to *MWA activity or JET*.
- Refer to JET.

**Work ready with
limitations
(WF,CM,PL,LI)**

Do not require the person to apply for RSDI/SSI.

- Set deferral/participation reason to *MWA activity or JET*.
- Refer to JET

Note: Identify the client's limitations using additional information and the case notes section in Bridges on the *JET referral screen* when the referral is made to JET.

**Individuals served
by the Department
of Human Services**

DHS must serve individuals who are determined work ready or work ready with limitations by the MRT when the individual cannot be served by the MWA. Using the appropriate code from the MRT decision on the DHS-49-A-E, assign self-sufficiency activities up to the medically permissible limit of the individual.

The MWA should be asked to provide any test results or other documentation about the client's limitations at the time the client is referred back to DHS.

Does the current MRT decision state one of the following three deferral reasons? When the MRT has determined an individual meets one of the following participation code reasons but is not served by the MWA, the case must be coded in Bridges appropriately:

6. Chronic Mental Health (CM)

MRT identifies eligibility for this deferral on the DHS-49-A-E.

As a condition of eligibility, an individual must participate in both of the following:

- Participate in a treatment plan recommended by their medical provider and must be reviewed at redetermination.
- Participate in FSSP-approved activities (that may include use of the state-wide counseling contract).

7. Low Intellectual Capacity or Learning Disability (LI)

MRT identifies eligibility, for this deferral on the DHS-49-A-E.

As a condition of eligibility, an individual must actively participate in both of the following:

- School attendance or community-based literacy program or tutoring provided using Direct Support Services (DSS), if available locally.
- Participate in FSSP-approved activities (that may include use of the state-wide counseling contracts).

8. Physical Limitation to Perform Routine Manual Labor Tasks (PL)

MRT identifies eligibility for this deferral on the DHS-49-A-E

As a condition of eligibility, an individual must actively participate in **both** of the following:

- All medical treatment plans as prescribed by their MD or DO.
- Participate in FSSP-approved activities (that may include use of the state-wide counseling contracts).

Note: Individuals who qualify for any of the three deferral reasons above are included in the state's work participation rate.

When to Request a New MRT Decision

When a MRT decision has been completed and the client states they have additional medical evidence or a new condition, gather new verification and send for an updated MRT decision.

The FIS must assign and maintain FSSP activities to ensure continued pursuit of self-sufficiency while gathering verification or assisting clients with obtaining medical verification or testing. If testing assistance is necessary; see BEM 232, Medical Exams, Immunizations and Tests for instructions.

When an individual presents a doctor's note after the MRT decision but does not have new medical evidence or a new condition, send

the DHS-518 to the doctor and request supporting medical evidence.

If new medical evidence is not provided, do not send the case back to the MRT. The previous MRT decision stands.

Requesting a Utilization Report (UT)

Each time a individual utilizes their Medicaid card the service is listed on a UT report. These reports have proven to be a valuable tool to DHS when creating a medical packet for the MRT. Each report contains 12 months of medical history including medications and the name and address of each medical provider.

Note: When developing a medical packet, the FIS should request all medical documentation from each provider on this report. It is not necessary to request documentation from labs or x-rays as they are usually included in the doctor's documentation.

When requesting a UT report, provide the following information:

- Individual name.
- Recipient ID number.
- Case number.
- Name of FIS/ES and phone number.
- County, district and worker number.

The request can be made by e-mail to Policy-Utilization-Report-DHS-Policy@michigan.gov or fax a request to 517-335-7771.

LEGAL SERVICES ASSOCIATION OF MICHIGAN (LSAM)

There is no charge to an individual for advocacy services provided by LSAM. When a individual presents verification that a disability lasted or is expected to last 12 months or longer, or expected to result in death, the client is screened to determine if they would be an appropriate referral. **To be appropriate the individual must:**

- Agree to the referral.
- Sign a DHS-1555, Authorization to Release Protected Health Information (a DHS-1555-E can be used).

- Not currently have legal representation.

If appropriate for a referral, complete a DHS-538, Referral to LSAM for SSI Advocacy Services, and attach it to the top of the medical packet along with the following documentation:

- DHS-1555 or DHS-1555-E and all medical and vocational information on an individual.
- A copy of the DHS-538 must be faxed to the Office of Program Policy at (517) 335-7771.

NONCOMPLIANCE

When a client that is determined by MRT to be Work Ready or Work Ready with Limitations becomes noncompliant with the JET program, schedule a planning triage which includes all of the following:

- Review the medical packet including the limitations identified by MRT on the DHS-49A-E.
- If necessary, revise the FSSP using the limitations identified on the DHS-49- A-E. Assign medically permissible activities.
- Enter good cause reason "*Client unfit*" in Bridges on the *Noncooperation details screen*

If an individual becomes noncompliant with their FSSP assigned activities, follow instructions outlined in BEM 233A.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

Changed Items (content changes) ...

BPG GLOSSARY